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## BIB DATA SHEET

CONFIRMATION NO. 5733

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/723,181	11/26/2003	711	2625	P0912		
<b>APPLICANTS</b> Tony F. Rodriguez, Portland, OR; Alastair M. Reed, Lake Oswego, OR; Ravi K. Sharma, Portland, OR; Osama M. Alattar, Tigard, OR; Brett T. Hannigan, Portland, OR; Kenneth L. Levy, Stevenson, WA; Hugh L. Brunk, Portland, OR; Geoffrey B. Rhoads, West Linn, OR; Ammon E. Gustafson, Beaverton, OR;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/430,014 11/28/2002 and claims benefit of 60/440,593 01/15/2003 and claims benefit of 60/466,926 04/30/2003 and claims benefit of 60/475,389 06/02/2003 and is a CIP of 10/165,751 06/06/2002 PAT 6,754,377 which is a CON of 09/074,034 05/06/1998 PAT 6,449,377 This application 10/723,181 11/26/2003 is a CIP of 10/012,703 12/07/2001 PAT 6,744,906 which is a CON of 09/433,104 11/03/1999 PAT 6,636,615 which is a CIP of 09/234,780 01/20/1999 ABN which claims benefit of 60/071,983 01/20/1998 This application 10/723,181 11/26/2003 is a CIP of 09/898,901 07/02/2001 PAT 6,721,440						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/25/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /S KAU/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  OR	<b>SHEETS DRAWINGS</b>  13	<b>TOTAL CLAIMS</b>  21	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b>  DIGIMARC CORPORATION 9405 SW GEMINI DRIVE BEAVERTON, OR 97008 UNITED STATES						
<b>TITLE</b>  Automated methods for distinguishing copies from original printed objects						
			<input type="checkbox"/> All Fees			
			<input type="checkbox"/> 1.16 Fees (Filing)			

<b>FILING FEE RECEIVED</b> 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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